MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07429

6443 CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAULKNER (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp. La Plata, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Faulkner
STREET ADDRESS (If rural, give location) near Faulkner

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) [redacted]BARBER

4. DATE OF DEATH: (Month) JULY (Day) 8 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	S	27 June 1954	— yrs.	1	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—		Maryland	U.S.A.

13. FATHER'S NAME: James Edward [redacted]BARBER.

14. MOTHER'S MAIDEN NAME: Alice Cecelia Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother. Faulkner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0

Immediate cause (a) sudden cardiac arrest — Interval between onset and death: 1 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) diarrhea for one week. — 1 wk.

DUE TO (c) prematurity? sure birth.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1954, to 9 Aug, 1954, that I last saw the deceased alive on 7 Aug, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 9 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 9, 1954	St Ignatius	Bel Alton Md

DATE REC'D BY LOCAL REG. 8/9/54 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hoxtt & Ryon — ADDRESS Waldorf, Md

4D6418143

RECEIVED
AUG 11 1954
BUREAU V. S.

06431

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6444 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Spring Hill X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Delphenia (Middle) (Last) Cooksey

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Sept 15, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T M. Hancock

14. MOTHER'S MAIDEN NAME: Mary Cooksey Dentsville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Ernest Cooksey, Dentsville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 40 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Respiratory Collapse

DUE TO (c) Fractured Femur — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 27 July, 1954, that I last saw the deceased alive on 27 July, 1954, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE S Woodd. (DEGREE OR TITLE) M.D ADDRESS La Plata, Maryland DATE SIGNED 7-28-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** 7/31/54 — **NAME OF CEMETERY OR CREMATORY:** Centerville — **LOCATION (City, town, or county) (State):** Dentsville md

DATE REC'D BY LOCAL REG. 7/29/54 — **REGISTRAR'S SIGNATURE** Julia H Casey

24. FUNERAL DIRECTOR Merritt & Ryon — **ADDRESS** Waldorf Md

RECEIVED
AUG 2 1954
BUREAU V. S.

6445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06432

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldoy X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldoy, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) P. (Last) Gates

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov 27 1857
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret.
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chas Co. Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Ambrose Gates
14. MOTHER'S MAIDEN NAME Amelia Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Earl Gates Waldoy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

453.1

Immediate cause (a) Myocardial Apoplexy - Senility — INTERVAL BETWEEN ONSET AND DEATH: Six

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility - Thrombo - Angitis — Months

(c) Obliterans -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1937, to 7/14, 1954, that I last saw the deceased alive on 7/13, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Waldoy Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/54
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Waldoy (State) Md

DATE REC'D BY LOCAL REG. 7-16-54
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryan, ADDRESS Waldoy Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 20 1954
BUREAU V. S.

6446 MARYLAND STATE DEPARTMENT OF HEALTH 06433

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall (Rural) LENGTH OF STAY (in this place) Transit.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 47X-3
STREET ADDRESS (If rural, give location) 3501 Minn Ave S.E. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A. (Last) GETZ
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Aug. 31 1938
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Tampa, Fla
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James B. Getz
14. MOTHER'S MAIDEN NAME Mildred P. Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS James B. Getz Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8

Immediate cause (a) D Drawning — INTERVAL BETWEEN ONSET AND DEATH 7-4-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Pt River (CITY OR TOWN) Marshall Hall (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 7 (Day) 4 (Year) 54 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C Medelen (Degree or title) MD. ADDRESS La Plata Md DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 9 1954
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) 3201 Bladensburg Rd. N.E. Washington, D.C.

DATE REC'D BY LOCAL REG. 7-6-54
REGISTRAR'S SIGNATURE M. L. Monroe Mrs. Odey Price mmt.
24. FUNERAL DIRECTOR Huntt & Ryon Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 9 1954
BUREAU V. S.

6447 MARYLAND STATE DEPARTMENT OF HEALTH 06434

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains — LENGTH OF STAY (In this place) 8yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LeRoy (Last) JAMESON

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 23 1895

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Lee Jameson

14. MOTHER'S MAIDEN NAME: Sarah Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Mary E. Jameson White Plains Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 Immediate cause (a) Gunshot wound in chest — Interval between Onset and Death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: Frederick M. Johnson (Degree or title) M.D. ADDRESS: La Plata, Md. DATE SIGNED: 15 July 1954

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 7/19/54 — NAME OF CEMETERY OR CREMATORY: Trinity Church Cemetery — LOCATION (City, town, or county) (State): New Port Md

DATE REC'D BY LOCAL REG. 7-16-54 — REGISTRAR'S SIGNATURE: M. L. Monroe — 24. FUNERAL DIRECTOR ADDRESS: Hoult & Ryon, Waldorf, Md

RECEIVED
JUL 20 1954
BUREAU V. S.

6448 MARYLAND STATE DEPARTMENT OF HEALTH 06435

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head (9 Couden Rd) LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X U.S. Naval Powder Factory Dispensary, Indian Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Indian Head
STREET ADDRESS (If rural, give location) 9 Couden Road

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Osakowicz
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 25, 1904
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY U.S. Naval Powder Factory
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Zonia Rosetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Frank Osakowicz, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Smith Susan M.D. (Degree or title) ADDRESS Indian Head Md DATE SIGNED 7-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 5, 1954
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) (State) Wayside, Maryland

DATE REC'D BY LOCAL REG. 7/5/54
REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06436

6449 CERTIFICATE OF DEATH Reg. Dist. No. 780

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) LEE (Last) PERRY

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 27 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ret

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C Perry

14. MOTHER'S MAIDEN NAME: Elizabeth Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Howard M. Norris La Plata Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Respiratory collapse. — Interval between onset and death: 12 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Renal obstruction and metastis to brain. — 4 mos.

DUE TO

(c) Prostate, Carcinoma. — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to 31 July, 1954, that I last saw the deceased alive on 31 July, 1954, and that death occurred at 10:30 EST a.m., from the causes and on the date stated above.

SIGNATURE J Woodd (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 31 July 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8/3/54 NAME OF CEMETERY OR CREMATORY Holy Ghost Cemetery LOCATION (City, town, or county) (State) Issue Md

DATE REC'D BY LOCAL REG. 8/2/54 REGISTRAR'S SIGNATURE Julia H Baker

24. FUNERAL DIRECTOR Hewitt & Ryon Funeral Home Waldorf Md

RECEIVED
AUG 4 1954
BUREAU V. S.

06437

6450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 9 film G168 A 7/30/54 cm

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR BEL ALTON
LENGTH OF STAY (In this place) X 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 301 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DIST. of COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON. 47X3
STREET ADDRESS (If rural, give location) 121 Urell Place N.E.

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) G. (Last) REEVES
4. DATE OF DEATH (Month) JULY (Day) 20 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-25-01
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ~~SALESMAN~~
10b. KIND OF BUSINESS OR INDUSTRY NAVY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NAVY MACHINISTS MATE George F. Reeves
14. MOTHER'S MAIDEN NAME Mollie Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-07-4272
17. INFORMANT AND ADDRESS Mrs Frances Borger 161-Urell Pl. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X Immediate cause (a) Severe crushing & lacerating injuries resulting

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from an automobile accident

(c)

INTERVAL BETWEEN ONSET AND DEATH: immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Near Bel Alton (COUNTY) Charles, (STATE) Md.
TIME OF INJURY (Month) July (Day) 20 (Year) 54 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑ 1
HOW DID INJURY OCCUR? automobile accident (Struck Pole)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frederick M. Johnson (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 20 July 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/23/54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 7/21/54
REGISTRAR'S SIGNATURE ~~Amanda Tourney~~ Mrs. F. Wills Posey
24. FUNERAL DIRECTOR Frank Geiers Sons Co ADDRESS 3605-14 St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6451

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06438

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~THOMAS~~ (Middle) Peter Calvert (Last) ~~CALVERT~~ Thomas

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 54

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 18 1953
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Chas Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Hilary Thomas
14. MOTHER'S MAIDEN NAME Elnora Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Non
16. SOCIAL SECURITY NO. Non
17. INFORMANT AND ADDRESS Hilary Thomas Wayside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	7-31-54
8810 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ingestion of Coal Oil	7-31-54
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) (STATE) 08
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Drank ~~[illegible]~~ Coal Oil

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Hedelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 8-1-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY Philo M. E.
LOCATION (City, town, or county) Newburg Md (State)

DATE REC'D BY LOCAL REG. 8/2/54
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Hunt & Pigott Waldorf ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06439

6452 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HUGHESVILLE X
LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) GEORGE (Middle) WILLIAM (Last) TOLSON

4. DATE OF DEATH: (Month) JULY (Day) 13 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: NEGRO-US.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 30, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANCIS TOLSON

14. MOTHER'S MAIDEN NAME: HENRIETTA DOUGLAS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JAMES R. TOLSON (SON) CHARLOTTE HALL, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) CEREBRAL THROMBOSIS, LEFT — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ESSENTIAL HYPERTENSION — 3 YEARS

DUE TO

(c) GENERALIZED ARTERIO-SCLEROSIS — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL THROMBOSIS, RIGHT — 6 MONTHS

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JUNE, 1947, to JULY, 1954, that I last saw the deceased alive on JULY 11, 1954, and that death occurred at 3:05 EST A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John H. Griffin, M.D. Hughesville Md. July 13, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7/17/54 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) (State) Bryantown Md

DATE REC'D BY LOCAL REG. 7/14/54 — REGISTRAR'S SIGNATURE Julia H. Parry

24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md

RECEIVED
JUL 16 1954
BUREAU V. S.

06440

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6453

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital 29

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) L (Last) Wenk

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Sept. 5, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. Lucas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm. A. Wenk, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis.	6 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) hypertension with chronic myocardial disease	6 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6 July, 1954 to 26 July 1954, that I last saw the deceased alive on 26 July, 1954, and that death occurred at 11:40 EST a.m., from the causes and on the date stated above.

SIGNATURE S. Woodley. (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 26 July 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/29/54

NAME OF CEMETERY OR CREMATORY Shiloh

LOCATION (City, town, or county) Bryans Rd. (State) Md

DATE REC'D BY LOCAL REG. 7/28/54

REGISTRAR'S SIGNATURE Julia H Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

Leon Johnson

S. S. [illegible]

Progestin 25 m

Pac c 9442

CBC

Soft leaf

RECEIVED
JUL 30 1954
BUREAU V. S.